

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

OMB No.: 0938-

State: OHIO

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of
42 CFR Part 435, Subpart J for processing
applications, determining eligibility, and furnishing
Medicaid.

TN No. 91-19
Supersedes
TN No. 76-7

Approval Date 1-16-92

Effective Date 10/1/91

HCFA ID: 7982E

OFFICIAL

State: OHIO

Citation

42 CFR 2.1(b)(1) Except as provided in items 2.1(b)(2) and (3)
435.914 below, individuals are entitled to Medicaid
1902(a)(34) services under the plan during the three
of the Act months preceding the month of application, if they
were, or on application would have been, eligible.
The effective date of prospective and retroactive
eligibility is specified in ATTACHMENT 2.6-A.

1902(e)(8) and (2) For individuals who are eligible for Medicaid
1905(a) of the cost sharing expenses as qualified Medicare
Act beneficiaries under section 1902(a)(10)(E)(i) of
the Act, coverage is available for services
furnished after the end of the month in which
the individual is first determined to be a
qualified Medicare beneficiary. ATTACHMENT 2.6-A
specifies the requirements for determination of
eligibility for this group.

1902(a)(47) and ☒ (3) Pregnant women are entitled to ambulatory
1920 of the Act prenatal care under the plan during a
presumptive eligibility period in accordance with
section 1920 of the Act. ATTACHMENT 2.6-A
specifies the requirements for determination of
eligibility for this group.

42 CFR 2.1(c) The Medicaid agency elects to enter into a risk
434.20 contract with an HMO that is--

☒ Qualified under title XIII of the Public Health
Service Act or is provisionally qualified as an
HMO pursuant to section 1903(m)(3) of the Social
Security Act.

☒ Not Federally qualified, but meets the
requirements of 42 CFR 434.20(c) and is defined in
ATTACHMENT 2.1-A.

☐ Not applicable.

TN No. 93-31

Supersedes Approval Date 10-15-93

Effective Date 10-1-93

TN No. 91-19

HCFA ID: 7982E

Revision: HCFA-PM-91- 6 (MB)
September 1991

OMB No.

State/Territory: OHIOCitation

1902(a)(55) of the Act 2.1(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

TN No. 91-18

Supersedes

TN No. NEWApproval Date 11-12-91Effective Date 7/1/91HCFA ID: 7985E 10/1/91